

Charles A. Bur  
Patological Specimens

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM 875)**

SERIAL NO.	FILING DATE
APPLICANT(S)	

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5		3				
6	1					
7		1		1		
8		2				
9	1					
10						
11						
12	1			1		
13	1					
14						
15						
16	1					
17						
18						
19			1			
20						
21						
22		3				
23	1					
24				1		
25		2				
26	1					
27						
28						
29	1			1		
30	1					
31						
32						
33	1					
34						
35						
36			1			
37						
38			1			
39		2		1		
40	1					
41	1					
42		2				
43		1				
44		2				
45		2	1			
46						
47				1		
48						
49		3				
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59	1					
60		1				
61			1			
62						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						